

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2	/						
3	2						
4	2						
5	2						
6	1						
7	/						
8	/						
9	/						
10	/						
11	/						
12	/						
13	/						
14	/						
15	/						
16	/						
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	17						
TOTAL CLAIMS	19						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS